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IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA

SECOND APPELLATE DISTRICT

DIVISION TWO

D.P.,

Petitioner,

v.

THE SUPERIOR COURT OF  
LOS ANGELES COUNTY,

Respondent;

LOS ANGELES COUNTY  
DEPARTMENT OF CHILDREN AND  
FAMILY SERVICES,

Real Party in Interest.

B294189

(Los Angeles County  
Super. Ct. No. DK21763D)

ORIGINAL PROCEEDING. Petition for extraordinary writ.  
(Cal. Rules of Court, rule 8.452.) Frank J. Menetrez, Judge. Petition  
denied.

Law Offices of Arthur J. LaCilento and Arthur J. LaCilento for  
Petitioner.

No appearance for Respondent.

Office of the County Counsel, Mary C. Wickham, County Counsel, Kristine P. Miles, Assistant County Counsel, and Sally Son, Deputy County Counsel, for Real Party in Interest.

Children's Law Center of Los Angeles and Stacie Hendrix for Minor.

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D.P., the father of L.P., petitions for extraordinary relief pursuant to California Rules of Court, rule 8.452. He seeks review of an order setting a permanency planning hearing under Welfare and Institutions Code section 366.26.<sup>1</sup> D.P. (Father) argues that the juvenile court erred in finding that returning L.P. to D.P.'s care would create a substantial risk of detriment to L.P., and in determining that the Los Angeles County Department of Children and Family Services (DCFS) provided reasonable reunification services. We deny the petition.

### **FACTS AND PROCEDURAL HISTORY**

Father and P.H. (Mother) have four children.<sup>2</sup> L.P., born in November 2013, is the youngest. He has three older siblings: R.P. (born December 2009), A.P. (born July 2008), and J.P. (born October 2000).

#### **Initial investigation**

In February 2017, Mother called 911, reporting that L.P. had collapsed and was bleeding from the nose, mouth, and ears. Paramedics responded and observed the bleeding, as well as bruising to L.P.'s arms and legs. L.P. was airlifted to a local hospital.

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<sup>1</sup> Further statutory references are to the Welfare and Institutions Code, unless otherwise noted.

<sup>2</sup> P.H. has not filed a petition challenging the order setting the permanency planning hearing.

Physical abuse and neglect were suspected, and Mother was interviewed at the hospital by a DCFS social worker. Mother denied ever hitting or otherwise physically abusing any of her children. When asked about the medical care her children received, Mother replied that her children were not taken to see doctors or dentists because “My husband and I believe that God is the only healer.” Mother acknowledged that L.P. had been weak for at least several days and that unexplained blisters and bruises had appeared on his face before then. The parents refused to seek medical attention, instead attempting to treat L.P.’s symptoms with organic juice.

Father was also interviewed, and denied any abuse or neglect. He admitted that L.P. had been sick, with unexplained bruising, but saw no need to seek medical attention, saying, “No one is going to come and question me about the way I raise my children.” He claimed to have documentation that would show suspicions of medical and dental neglect were fraudulent.

The family’s home was inspected. It emanated a foul smell, trash and clothes were strewn about the floor, and there was a large amount of pet guinea pig and cat feces in the children’s bedroom.

DCFS interviewed and examined L.P.’s three older siblings. None had been to see a doctor or dentist in at least three years, and they had not received immunizations. All were homeschooled. The eldest, J.P., described her educational routine as watching YouTube videos. The two younger children, A.P. and R.P., had rotten teeth.

The same day L.P. was hospitalized, he was transferred to the UCLA Pediatric Intensive Care Unit due to suspected leukemia.

### **Jurisdiction and disposition**

DCFS filed a section 300 petition, alleging that Father and Mother’s failure to provide medical and dental care, proper schooling, and an acceptably clean home environment endangered the children. The detention report noted that the parents had been investigated by DCFS for neglect on eight prior occasions, with the referrals deemed

inconclusive or unfounded. A subsequent report explained that the earlier referrals often could not be substantiated because the parents refused to cooperate with DCFS or the family could not be located.

All four children were ordered detained on February 23, 2017, and on March 15, 2017, the three older children were placed with the paternal grandparents and enrolled in school.

L.P. remained at UCLA Children's Hospital. He had been diagnosed with acute lymphoblastic leukemia with a prognosis of "good (high cure rate)." He was expected to receive chemotherapy for three years and supportive medication for that long or longer. His caregiver's regimen would be intensive, including follow-up visits two to three times a week, both inpatient and outpatient; administration of medication throughout the day; central line care; providing consent for medical treatment; close monitoring for change in status; maintaining close contact with the treatment team; and a clean home environment. L.P. would not be able to attend school or daycare for the duration of the treatment as his immune system was compromised.

As of April 3, 2017, no visitation schedule had been created for the parents because they refused to meet with the DCFS social worker. A month later, the parents were still resistant to meeting with the social worker, though they had visited the children. DCFS set up a May 2017 meeting for the parents and paternal grandparents with the UCLA hospital social worker for the purpose of outlining L.P.'s specific medical needs and plan of care. The meeting was held as scheduled, but the parents did not show up. The social worker noted that it had been very difficult to obtain the parents' signatures consenting to L.P.'s medical procedures and other services for their children. Additionally, the parents declined to participate in a Multidisciplinary Assessment Team evaluation designed to ensure the children's placement needs were met. The evaluation noted that L.P. had extensive medical needs requiring a responsible and communicative caregiver.

After being released from the hospital, L.P. was placed in the home of the paternal grandparents on June 15, 2017, with his older siblings. Prior to the June 26, 2017 jurisdictional hearing, the parents enrolled in individual and couple's therapy, a parenting program, and F-rate (medically fragile child) training.

At the jurisdictional hearing, the parents pled no contest to the counts in the section 300 petition. The juvenile court ordered that a psychological evaluation of the parents take place prior to the dispositional hearing to determine if any undiagnosed mental health issues were present. That evaluation determined that neither parent was likely to have a major psychiatric problem, and both were found not to have traits commonly found in child abusers. When speaking with the psychologist performing the study, both Father and Mother denied that they failed to seek medical or dental care for their children because of religious reasons. They also stated they appreciated the medical treatment that L.P. was receiving for his leukemia.

Prior to the disposition hearing, DCFS recommended that the parents be afforded unmonitored day visits with the older three children, since the parents were continuing to participate in parenting education and individual counseling. The recommendation as to L.P., however, was that visits remain monitored, "given the child's medical needs and daily administration of a diverse medication regimen (which includes some medication only being administered on the weekends)." DCFS noted that the paternal grandparents were familiar with the medication regimen, while the parents were not.

The disposition hearing was held on November 28, 2017. Father was granted unmonitored visitation with the three older children, and unmonitored visitation with L.P. for visits less than two hours. Mother's visits were to be monitored. The parents were granted reunification services, including counseling to address the case issues such as child neglect, and conjoint counseling.

### **Post-disposition events**

As of May 2018, L.P. continued to live with his paternal grandparents, along with his siblings. L.P. had been hospitalized numerous times in the preceding few months, in January for a spinal tap, on March 8 for a blood transfusion, for several weeks later that March for viral infections and pneumonia, and for a three-week period ending in early May for vomiting and diarrhea, all related to his weakened immune system. The paternal grandparents had ensured L.P. received all appropriate medical care, including 10 prescribed medications and monthly chemotherapy treatments, and they closely monitored his condition and promptly contacted the hospital when appropriate. L.P. appeared to be well-bonded to his grandparents, and they told the social worker that they wanted to provide permanency in the form of a legal guardianship if the parents' reunification efforts failed.

Father and Mother regularly visited L.P. at the paternal grandparents' house, as well as at UCLA Medical Center when L.P. was hospitalized. Father was appropriate during the visits and he and L.P. appeared to enjoy their time together. The parents had not found stable housing, an issue that had persisted throughout the proceedings. Nor had they demonstrated that they could provide adequate care for L.P.'s special needs, as they were still unfamiliar with his medical requirements.

A review hearing was held on May 29, 2018. Counsel for DCFS noted that the hearing was to be a 12-month review hearing, as the 12-month date had already passed, and that the 18-month date would be August 23, 2018. Counsel for the parents requested a contested hearing and the hearing was continued.

By the summer of 2018, the parents, who were then renting a home in Victorville, had still not engaged in medical training with hospital staff regarding L.P.'s daily care. The social worker attempted to set up meetings for the parents to receive training on the days of

L.P.'s medical appointments, but the parents' lack of communication stymied these efforts. The social worker was finally able to set a date in mid-August for a meeting at the hospital, but neither Father nor Mother appeared, despite confirming in advance that they would attend. The social worker emailed the parents inquiring about the missed appointment but did not receive a response. This was not unusual, as Father generally did not respond to the social worker's emails, including those asking if he needed referrals or assistance.

Another meeting at the hospital was scheduled for October 9, 2018, to run concurrent with an appointment for L.P. The parents arrived about an hour late, and Mother received limited information and training while Father parked the car.

### **Contested hearing**

The contested review hearing was held over several days in October 2018.

J.P., the oldest child, who was turning 18 in less than a week, testified that the visits with Father went well, that Father would never intentionally hurt the children, and that the children wished to be returned to the parents. She further stated that, on the day the children were detained, the entire family was sick, so the home was in a much dirtier condition than usual. A.P., who was 10, also testified, and stated that he had fun on visits with Father and felt safe around him.

Vanessa Miller, a DCFS medical case social worker, who had been assigned to L.P.'s dependency case since September 2017, testified that the parents had failed to complete training necessary to care for L.P. She acknowledged that the parents had received one day of medical training from a nurse practitioner at UCLA, who described the parents as enthusiastic learners. The parents had also completed F-rate training, which provided a general overview of care for a medically fragile child, but was not child-specific. However, the instruction the parents received was only a portion of the necessary training. Miller

testified that Father had not consistently attended L.P.'s medical appointments and had not received the training necessary to administer L.P.'s medications. Miller had set up the appointment for this medication training, but the parents arrived late and Father did not attend the meeting.

Miller further testified that communication with Father was difficult and that she had trouble scheduling in-person meetings. Additionally, the parents had multiple telephone numbers, which Miller would try to call, but she often got an automated message that the number was not receiving calls.

Father had requested of Miller that he be granted unmonitored visits with L.P. and overnight visits. Miller testified she denied the requests because the parents had not completed the necessary medical training. Miller described L.P.'s treatment plan, as of the date of the hearing, as including chemotherapy, infusions, and labs every two to three weeks. Additionally, L.P. was prescribed at least 10 medications, some of which he took at different times throughout a day and some only on weekends, and the prescriptions changed over the course of the treatment. Miller believed that the parents had no experience in administering medication to L.P.

Lucy Deukmejian, a marriage and family therapist, testified next. She had provided one individual session of counseling to Father, four conjoint sessions with both parents and J.P. and A.P., three conjoint sessions with the parents and R.P., and one conjoint session with the parents and L.P. She testified that Father took responsibility for the dependency case, acknowledging some neglect due to not following up with medical examinations, as well as issues with the cleanliness of the home. She believed that Father had made substantial progress because "there was a shift in his behavior and how calm he was and how respectful and how communicative he was with me and his wife and the children." She opined that he was not a risk to his children.



The social worker assigned to the three older children's dependency case was also called to testify. She had been assigned to the case for nearly a year. She testified that she had difficulties communicating with the parents. They did not answer phone calls and Father only occasionally replied to emails.

Father testified next. He stated that he took responsibility for the dependency proceeding, and acknowledged that he and Mother had not been taking the children to doctors and dentists, and that they did not take L.P. to the hospital soon enough when he exhibited symptoms later diagnosed as relating to leukemia. Father testified that he completed the F-rate medical training, as well as a one-session training at UCLA. He also estimated he had attended approximately 20 of L.P.'s medical appointments, and was very happy with the care L.P. was receiving. Father testified that, the previous day, he had gone to the hospital for a medical training but the social worker had not told the hospital there would be instruction that day. He denied ever refusing to cooperate with medical training or ever missing a training session for any reason.

If L.P. was returned to his care, Father stated he would continue to receive medical training, have in-home services, cooperate with the grandparents to help L.P.'s transition, and maintain L.P.'s treatments at the current medical facility, UCLA, even though the parents were living in Victorville. He would also allow DCFS to conduct unannounced home visits, and he was willing have Mother leave the home if the children were released only to him. He testified that he was working, and his income was sufficient to afford rent.

Father testified he had administered L.P.'s medicine on two or three occasions, though never alone. Father believed that he had received all the training necessary to care for L.P., though he was willing to do more if required. He had not secured medical or dental insurance for the children.

Mother was next called to testify. She stated she took responsibility for the dependency case, that the parents had not given the children proper medical and dental care and schooling, and that the house was unclean. She had participated in F-rate medical training, as well as a parenting class, and individual and conjoint therapy. Mother admitted that she and Father had been late to some of L.P.'s medical appointments and had missed others. She testified she had administered pain medication to L.P. on two occasions, while supervised. She denied telling the social worker that the children did not receive care because of religious reasons, and said their lack of health insurance was mostly due to financial reasons. She acknowledged that the parents had still not obtained insurance for the children, but stated they had addressed their financial situation.

Finally, the paternal grandfather testified. He stated that L.P. had not been able to attend family therapy because L.P. had been in and out of the hospital. Earlier in 2018, there was a period when L.P. was hospitalized for three weeks, was at home for a week, and then was in the hospital for another three weeks. The grandfather stayed at the hospital "day and night." The parents visited.

At the time of the hearing, L.P. had two medical appointments per week, on the same day. During acute periods, L.P. had daily appointments. The grandparents took him to all appointments. The grandfather informed father of the appointments by email or text, and the parents sometimes attended. Over the prior four to six months, the parents had attended approximately 50 to 60 percent of appointments, but, prior to that, hardly came at all. The parents were generally late when they did attend.

The grandfather partially described L.P.'s medication regimen. L.P. took three different liquid medications, administered with a dropper. One was given Monday through Friday, three times a day, one on Saturday and Sunday, twice a day, and one for five days straight when L.P. was in a "steroid condition." Additionally, L.P. took

at least three medications in pill form, one medication three times daily, with a full pill four days a week and a half pill three days a week. Another pill was given only on Tuesdays, in five doses, and another medication was given three times daily. Before finishing his explanation of the medication regimen, the grandfather was asked who administered L.P.'s medication; he replied, "Me." He had never seen Mother or Father administer medication to L.P.

The paternal grandfather communicated regularly and never had difficulties maintaining contact with Miller, L.P.'s social worker. He had not seen any changes in Father since the children were removed from the parents' care. Since the dependency proceedings began, the parents had never taken L.P. outside the house without the grandfather accompanying him and had never asked to take L.P. to a medical appointment.

The grandfather described Father as loving to the children, and testified Father would call to check on L.P. and his siblings in addition to visiting.

### **Ruling**

The juvenile court took post-hearing briefing, then issued its ruling from the bench on November 14, 2018.<sup>3</sup>

The court overruled objections lodged by Father's attorney regarding consideration of the detention and jurisdiction-disposition reports, including prior referral history, finding that "context and overall circumstances are critical in dependency cases, particularly in this one." The court noted that no good explanation for the parents' years of medical and dental neglect of their children had ever been given—after initially stating they did not provide care for religious reasons, they later denied that reason, and their later claim of financial hardship was not credible because there were free and low-cost options for the children, including Medi-Cal. The court did not see any

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<sup>3</sup> The oldest child, J.P., had turned 18 by the time of the ruling, and jurisdiction as to her was terminated.

evidence of efforts made to obtain such insurance for the children, even after dependency proceedings were initiated, including asking a social worker to assist. Instead, the parents' response was "stonewalling and evasion."

The court found no discernable evidence of significant changes made by the parents to remedy their neglect. Although the parents testified about improving communication and conflict resolution skills, those were not the issues that had led them to neglect the children, and were not relevant to the question of whether the children would face a substantial risk of detriment. Finding no evidence that the actual underlying issues—medical and dental neglect and related matters—had been resolved, the court determined there would be a substantial risk of detriment if the children were returned to the parents.

The court also found that reasonable reunification services were provided with respect to L.P.<sup>4</sup> It noted that the parents were difficult to contact and communicate with. It believed that, ideally, the social worker could have tried harder to "chase the parents down," but that she did attempt to communicate with the parents on a regular basis, often with no response. The social worker's efforts in communicating with service providers were also reasonable. The court stated that Father made a "thin pretense" of communication and cooperation, but ultimately stymied the social worker's efforts.

The court emphasized L.P.'s unique issues, how he is "very medically fragile" with "very serious medical needs." He has a weak immune system that leaves him particularly subject to infection, and has a complicated medication regimen. The court found no evidence that the parents had learned to handle his medical needs "so they could care for [L.P.] unmonitored for a long stretch, let alone for an overnight [visit]." The court found the social worker made reasonable efforts to

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<sup>4</sup> The court elected to continue reunification services as to R.P. and A.P., finding that the parents' visitation with them should have been liberalized.

get them the necessary training, but that the parents had not made adequate efforts to become trained. The parents appeared to be “intelligent people,” and could have learned L.P.’s medication routine if they wished, but had not made the efforts to do so.

Based on these and related findings, the juvenile court terminated reunification services as to L.P. and set a permanency planning hearing.

## **DISCUSSION**

Father makes two primary arguments in his petition. First, he argues that the juvenile court improperly found that returning L.P. to Father’s care would create a substantial risk of detriment to L.P. Second, he argues that Father did not receive reasonable reunification services.

### **I. Substantial risk of detriment**

#### **A. The ruling is supported by substantial evidence.**

We review for substantial evidence the finding that return of L.P. to Father’s custody would create a substantial risk of detriment to L.P.’s safety, protection, or physical or emotional well-being. (*In re Yvonne W.* (2008) 165 Cal.App.4th 1394, 1401; *Angela S. v. Superior Court* (1995) 36 Cal.App.4th 758, 763.) We do not reweigh the evidence or evaluate the credibility of witnesses. (*Kevin R. v. Superior Court* (2010) 191 Cal.App.4th 676, 689; *In re Dakota H.* (2005) 132 Cal.App.4th 212, 228.) All inferences from the evidence will be drawn in favor of the juvenile court’s ruling, and the record viewed in the light most favorable to the order below. (*Kevin R. v. Superior Court*, at pp. 688-689.)

Substantial evidence supports the finding that return of L.P. to Father at the time of the hearing would have created a substantial risk of detriment. The juvenile court correctly recognized that L.P.’s health was uniquely precarious, and Father demonstrated little appreciation for the time, care, and attention needed to facilitate L.P.’s recovery. It was undisputed that Father never received the training necessary to

comply with L.P.'s strict, complicated medication regimen. Father claimed to have administered some medication on two to three occasions, but never unsupervised. Nevertheless, despite his glaring lack of experience and knowledge, Father believed that he received all the training necessary to care for L.P. This belief was unfounded—L.P. relied on adherence to his medication regimen to stay alive, and Father lacked even a workable grasp of the medication routine.

Additionally, L.P. had frequent, critical medical appointments, and his condition required constant monitoring, as he was particularly susceptible to infection. After years of denying L.P. even the most basic medical care, Father was under an obligation to demonstrate he understood the urgency of L.P.'s medical situation, that he would adequately monitor and respond to any changes in condition, and that he would sufficiently communicate with L.P.'s medical team. Father, however, often missed medical appointments or arrived late, he made little if any effort to obtain medical insurance for L.P., he let the grandfather handle the entirety of L.P.'s medical needs, and he made only fleeting attempts to become familiar with L.P.'s medical issues. As noted by the juvenile court, Father did not demonstrate he had the knowledge necessary to care for L.P. for a single extended visit, much less on a daily, round-the-clock basis.

Given Father's failure to complete the required medical training, his lack of experience in attending to L.P.'s medical needs, his lack of knowledge regarding the administration of necessary medication, and his history of medical neglect toward his children, the juvenile court reasonably found that return of the child to Father would pose an unreasonable risk. Father correctly notes that he demonstrated progress in counseling and that he was appropriate in visits with L.P. But these achievements were not directly relevant to the overriding concern in this matter, whether Father could provide the care L.P. needed to live. (See *In re Dustin R.* (1997) 54 Cal.App.4th 1131, 1141-1142 [juvenile court must consider parent's progress in eliminating the

conditions that led to the jurisdiction finding].) Father was given opportunities to receive all the necessary medical training but did not avail himself of them. The evidence thus supported a finding that Father could not provide the necessary care of L.P., and that return to Father would create a substantial risk of detriment to L.P.

**B. The juvenile court properly considered earlier reports.**

In issuing its ruling on detriment, the juvenile court noted that it reviewed the detention and jurisdiction-disposition reports in this matter, including the prior child neglect referrals listed in those reports. In overruling objections to consideration of the reports by Father's attorney, the court stated that understanding the context and overall circumstances of the case was important to deciding the appropriate outcome, and that the family's history, including the prior referrals as outlined in the reports, was relevant circumstantial evidence of current circumstances and potential risks to the children.

Father argues that consideration of these reports was an abuse of discretion and violated his due process rights. He bases these arguments on an assertion that the reports were irrelevant, not probative, of the issues, and not properly considered at the hearing. We reject these contentions. Such reports are properly considered at a review hearing. (*J.H. v. Superior Court* (2018) 20 Cal.App.5th 530, 536 (*J.H.*) [earlier dependency reports properly reviewed and considered at review hearing].) The juvenile court correctly found that the reports provided information relevant to the underlying reasons for this dependency matter and the risks posed to the children.

To the extent that Father challenges consideration of prior referrals listed in the detention and jurisdiction-disposition reports, he fails to establish error. "In juvenile dependency litigation, due process focuses on the right to notice and the right to be heard." (*J.H., supra*, 20 Cal.App.5th at pp. 536-537.) Father was not limited in his ability to present or cross-examine witnesses or present evidence relevant to any of the matters at issue in the hearing. Any in any event, the referrals

as listed in the reports were not determinative of the juvenile court's ruling. As the court noted, even without consideration of the prior referrals, the years of medical and dental neglect suffered by the children were well documented, including in the Multidisciplinary Assessment Team evaluation.

## **II. Reasonableness of reunification services**

Father also argues that the juvenile court erred in finding that he was provided with reasonable reunification services. We review the juvenile court's determination that reasonable reunification services were provided for substantial evidence. (*T.J. v. Superior Court* (2018) 21 Cal.App.5th 1229, 1238; *In re Misako R.* (1991) 2 Cal.App.4th 538, 545.)

Reunification services "shall be designed to eliminate those conditions that led to the court's finding" of jurisdiction over a child. (§ 362, subd. (d).) "The adequacy of reunification plans and the reasonableness of [DCFS's] efforts are judged according to the circumstances of each case." (*Robin V. v. Superior Court* (1995) 33 Cal.App.4th 1158, 1164.) "The standard is not whether the services provided were the best that might be provided in an ideal world, but whether the services were reasonable under the circumstances." (*In re T.G.* (2010) 188 Cal.App.4th 687, 697.)

In assessing whether the juvenile court's determination is supported, we must also keep in mind the statutory standards for reunification periods. Section 361.5 provides that the usual length of reunification is 12 months. (§ 361.5, subd. (a)(1)(A).) Additional services up to a period of 18 months may be ordered, "if it can be shown . . . that the permanent plan for the child is that he or she will be returned and safely maintained in the home within the extended time period." (§ 361.5, subd. (a)(3)(A).) The juvenile court generally may only extend the time period to 18 months if it finds "that there is a substantial probability that the child will be returned to the physical



custody of his or her parent or guardian within the extended time period or that reasonable services have not been provided.” (*Ibid.*)<sup>5</sup>

In asserting that he was not provided with reasonable reunification services, Father makes three related arguments pertaining to the adequacy of individual and conjoint counseling provided. He contends: (1) DCFS did not follow the recommendations of the psychologist assigned to conduct the psychological evaluation of Father; (2) DCFS did not provide conjoint counseling and regular individual counseling for the children; and (3) the social worker did not reasonably communicate with Father’s therapist and related service providers. These arguments fail for numerous reasons, including that DCFS was not required to follow the psychologist’s recommendations, L.P. was often unable to participate in therapy due to his frequent hospitalizations and compromised immune system, Father himself was frequently the cause of missed communications, and the record demonstrates that Miller, the social worker, did make reasonable efforts to contact his therapists and other service providers.

Most importantly, Father fails to explain how any of these claimed issues impacted the goal of eliminating the conditions that led to the exercise of jurisdiction over L.P. As explained by the juvenile court, the overriding concern as to L.P. was medical neglect. The court found that Miller reasonably tried to facilitate counseling and maintain communication with service providers, but found that these matters were ultimately irrelevant to the fundamental question of whether Father could adequately care for a medically fragile child. We agree that the emphasis in reunification services was properly on providing L.P. with the required care, and that Father was provided with adequate opportunity to learn how to provide this care but did not make adequate efforts in receiving the necessary training.

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<sup>5</sup> Section 366.22, subdivision (b) provides for a further extension to 24 months, but only in limited circumstances, none of which apply here.

Father's last argument is that DCFS failed to properly liberalize his visitation with L.P. Miller testified that Father requested greater unmonitored and overnight visits with L.P., but these requests were denied because Father had not completed the necessary medical training. This decision was entirely reasonable. L.P. depended on constant monitoring and strict adherence to his medication routine, and Father did not demonstrate he had the knowledge or experience to provide the needed care, even for a short period. Further liberalizing Father's visitation would have been medically hazardous to L.P.

Finally, Father contends that the juvenile court should have extended reunification services to ameliorate the four issues raised in his lack of reasonable services argument. Again, since these issues do not go to the underlying issue—medical care for L.P.—further services in this regard would not be consequential. Furthermore, the period for reunification services is not indefinite. By the time of the contested hearing in this matter, more than 19 months had elapsed since the dependency proceeding was initiated. Father does not provide a sufficient reason why services should have been further extended.

### **DISPOSITION**

The petition for extraordinary relief is denied. The stay of the section 366.26 hearing is dissolved. This opinion shall become final immediately upon filing. (Cal. Rules of Court, rule 8.490(b)(2)(A).)

**NOT TO BE PUBLISHED IN THE OFFICIAL REPORTS.**

\_\_\_\_\_, P. J.  
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We concur:

\_\_\_\_\_, J.  
CHAVEZ

\_\_\_\_\_, J.  
HOFFSTADT